



## Psychological Resilience in Flood-Affected Communities of Pakistan: Coping Strategies and Mental Health Outcomes

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### ARTICLE INFO

#### Article History:

Received: January 19, 2025  
Revised: February 27, 2025  
Accepted: February 28, 2025  
Available Online: March 02, 2025

#### Keywords:

Refugees, psychological distress, coping mechanisms, resilience, education, financial barriers, social support

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### ABSTRACT

**Background:** Refugees undergo traditional socio-economic and psychological strain which captures their resilience and wellbeing. The context from which these boundaries emerge, such as limited financial resources, social support networks, educational opportunities, and coping mechanisms are pertinent to their acculturation as well as their mental health. These factors are important when creating targeted interventions. **Aim:** This investigation seeks to outline a demographic profile detailing psychological distress, coping mechanisms, and barriers to education for refugees that stress the importance of family support, financial resources, and education in building resilience. **Method:** In Pakistan, a psychologist phenomenology approach was adopted to investigate coping experiences of a flood affecting community in eight provinces. There were focus group discussions that contained participants from each of the geography and culture of focus. 600 refugees participated through focus group probability sampling, which was equally divided across 5 provinces. Each province was further divided into two cities. Everyone was asked emotions, social, and cognitive coping strategies with 20 open-ended questions. Restriction for risk of feeling stigmatized from using NVivo software to demographic resilience and mental health outcome concealed by ethical approval and informed consent. **Results:** Financial constraints (33.3%) and lack of infrastructure (25%) were identified as primary barriers to education. Psychological distress, including PTSD and anxiety, was rampant among people especially lacking in social support. Family support (41.7%) emerged as a prominent factor of resilience. Alongside religion, coping and other cognitive strategies were central for emotions regulation. **Conclusion:** it's important note the impact of education and mental health on financial wellbeing. Failing to tackle the interrelated nature will only perpetuate mental health issues that makes the integration process harder long term.



## **Introduction**

The impacts of disasters, particularly floods, can be devastating to any community. They are not just limited to the physical and economic well-being but also inflict psychological harm. In Pakistan, severe and recurrent flooding has displaced people in their thousands, lost an emotional toll, and lowers the mental health quotient in the country (Noshili et al., 2022; Parveen & Bashir, 2024). People in these communities bear the trauma of losing their loved ones, home, and means of income, while being highly resource constrained (Farah et al., 2023). One of the worst parts about such disasters is the psychological impact it has on the people. Although it may sound grim, people and communities tend to bounce back by adopting diverse coping mechanisms to deal with the emotional and social aftereffects (Jamil et al., 2025). This psychological resilience in flood affected communities is highly significant, sheds light on how people deal with adversity and what enables them to recover from deeply distressing situations (Nadeem et al., 2023).

Resilience encompasses a person's internal abilities and external resources, providing them with the capacity to withstand and recover from severe forms of stress psychologically. Resilience in Pakistan's flood-affected communities also appear through various coping mechanisms that differ with regard to culture, religion, and socio-economics (Shah et al., 2025). A number of people cite faith, social support, and problem-solving as helpful in reducing distressing emotions and increasing hope. Optimism is further strengthened through religious and spiritual belief systems that aid in meaning-making and acceptance during their hardships (Mustasim, 2024). In addition, strong community ties and family systems lessen feelings of isolation and despair by allowing individuals to share burdens and resources that help in psychological recovery (Bhutto et al., 2024).

The fluctuating impacts of recurrent floods on the population's mental well-being are worsened by extremely high levels of PTSD, depression, worry, etc. These conditions are exacerbated with the nature of the disaster, the mental health assistance accessible, and the coping techniques practiced (Parel & Balamurugan, 2021; Batool et al., 2025). In Pakistan, mental health support is scarce, especially in rural and disaster-struck areas which compel most people to depend upon informal support networks (Iqbal & Sial, 2023). Psychological first aid and emotional oriented Community outreach programs have potential (Ullah et al., 2025). However, the chronic emotional impairment requires multidisciplinary approaches in order to enhance community resilience as well as psychological aid. Such interdisciplinary approaches will only be possible if the issues mentioned above are deeply examined in terms of how people form coping mechanisms, and how such coping mechanisms can be encouraged through government policy and other activities (Ali et al., 2024).

Risk of mental health distress comes from various socio-demographic and environmental factors like trauma exposure, gender, education, economic status, and age. Due to restricted autonomy and poor socio-cultural health necessities, women, children, and marginalized groups tend to be at a greater psychological risk (Siddique Akbar et al., 2024). Children who are inundated at an early age may develop long-term emotional disturbances, such as fears, uncertainties, and all sorts of behavioral changes that alter their social and cognitive development (Singh et al., 2023). Notably, the mental health burden is worse among low-income class groups who are further faced with deepening poverty and are never able to pick their lives together due to lack of financial and material resources (Sadia et al., 2021; Akram et al., 2024). These variations signify the complicated issue of mental health and touch the core idea of ensuring culturally pertinent interventions for different population groups (Shoqat et al., 2023).

The importance of providing mental health support during disaster response and recovery efforts is greatly underscored by the psychological resilience exhibited by flood-affected communities in Pakistan (Sadia et al., 2021; Batool et al., 2022). Mental health services should be strengthened, and programs targeted towards increasing social cohesion and building resilience should be integrated into disaster preparedness frameworks (Ali et al., 2024). The relationship that exists between coping strategies with mental health concerns implies that resilience should not only be built reactively but proactively, wherein individuals are equipped with skills and support systems that enable them to deal with stressors before a disaster occurs (Abdullah et al., 2022). To effectively deal with the long-term disproportionate impact psychological trauma floods inflict, it becomes imperative to foster resiliency that is social, economic, and cultural in nature, so that sustainable recovery mental health is achieved in the affected population.

### **Problem Statement**

The floods which occurred in Pakistan have caused severe psychological stress like PTSD, depression, and anxiety (Siddique Akbar et al., 2024). The affected populations have little access to mental health services which leads to informal ways of coping that might not always work. This study intends to assess the recovery of one's mental health with regards to coping mechanisms and resilience.

### **Significance of the Study**

This study shows the ways in which people who have suffered from the floods cope with the psychological burden and emerge with tenacity. The results will be useful for policy planners, mental health practitioners, and NGOs focused on finding solutions for specific groups. With better support for disaster management and the general mental health of people, the recovery period and well-being of people can be significantly improved.

### **Aim of the Study**

The purpose of this study is to analyze the coping mechanisms and resiliency of the people who were affected by the floods of Pakistan. The goal is to measure the success of these efforts in the reduction of PTSD, depression, and anxiety symptoms. The results will aid in the formulation of mechanisms for mental health management in populations affected by disaster.

### **Methodology**

#### **Research Design**

The study aimed to capture the communities influenced by flood disasters in Pakistan with the help of psychological phenomenology, incorporating the idea of coping that the individual experiences. Different focus groups were held with the purpose of obtaining information regarding social and emotional factors dealing with resilience in disaster stricken areas.

#### **Setting**

Jaffarabad, Khairpur and Jhelum were one of the cities selected for the flood affected provinces of Balochistan, Sindh and Punjab. Mirporwkas, Muzaffargarh, Kabirwala and Rahim yar khan were the other cities selected. In total the study incorporated around 8 flood disaster stricken provinces

which have been suffering from severe floods and displacement and could provide a culturally and geographically responsive approach to coping in flood affected people.

### **Population and Sample**

This study's population consists of 600 flood refugees, chosen with the help of focus group probability sampling, who are split evenly among five provinces. Participants from each province were further subdivided into two cities with 66 and 67 participants per city selected. 200 refugees were selected per province, which were 30 for West Pakistan, 30 for North and 40 for East and south of the country. Based on the provinces, these cities were selected entirely comprising the floods, which will help us explain psychological stems to it.

### **Selection Criteria**

Inclusion criteria involved all individuals who were directly impacted by the floods and were above the age of 18 ever since it happened and lived in impacted areas for a minimum of six months. Ms. XO was to ensure willingness in sharing experiences during focus group discussions, In our case, moderators made them share their experiences in meddle risk and elder abuse. Unwilling participants among them were excluded from participation.

### **Instrument**

The demographic sheet captured the participant's age, sex, marital status, level of education, employment status, and period of being displaced.

To measure psychological resilience, coping mechanisms and mental health outcomes, a semi-structured questionnaire was developed with 20 open-ended questions strived to determine how emotion, social and cognitive coping, and support recovery perception is administered after the floods.

### **Data Analysis**

The qualitative NVivo was useful in identifying themes and sub-themes on resilience and mental health outcomes. A thematic analysis of focus group discussions from three provinces was conducted, with each province evaluating participants from three purposively selected cities in their respective regions to capture variations in coping mechanisms and mental health outcomes.

### **Data Collection**

Information was gathered through focus group discussions that were conducted by the researcher and assisted by local aid workers. The use of local personnel facilitated communication, cultural sensitivity, and understanding of the language and community norms.

### **Ethical Consideration**

The applicable institutional review boards provided the ethical approval. Consent for the study was obtained from all participants and it was explained that their information would be kept confidential. Participation was voluntary and participants were free to withdraw from the study at any time. Discussion of sensitive issues was done with care to avoid inflicting psychological harm to the participants.

## Results

**Table 1: Demographic Data (N = 600)**

| Sr                                | Variable                      | Frequency (N) | Percentage (%) |
|-----------------------------------|-------------------------------|---------------|----------------|
| <b>1 Gender</b>                   |                               |               |                |
|                                   | Male                          | 320           | 53.3%          |
|                                   | Female                        | 280           | 46.7%          |
| <b>2 Age</b>                      |                               |               |                |
|                                   | 18-25 years                   | 120           | 20%            |
|                                   | 26-35 years                   | 180           | 30%            |
|                                   | 36-45 years                   | 150           | 25%            |
|                                   | 46+ years                     | 150           | 25%            |
| <b>3 Education Level</b>          |                               |               |                |
|                                   | No Formal Education           | 250           | 41.7%          |
|                                   | Primary Education             | 150           | 25%            |
|                                   | Secondary Education           | 120           | 20%            |
|                                   | Higher Education              | 80            | 13.3%          |
| <b>4 Current Status</b>           |                               |               |                |
|                                   | Employed                      | 220           | 36.7%          |
|                                   | Unemployed                    | 180           | 30%            |
|                                   | Student                       | 100           | 16.7%          |
|                                   | Homemaker                     | 100           | 16.7%          |
| <b>5 Motivation for Education</b> |                               |               |                |
|                                   | Family Influence              | 210           | 35%            |
|                                   | Personal Growth               | 180           | 30%            |
|                                   | Career Aspirations            | 120           | 20%            |
|                                   | Community Support             | 90            | 15%            |
| <b>6 Barriers to Education</b>    |                               |               |                |
|                                   | Financial Constraints         | 200           | 33.3%          |
|                                   | Lack of Infrastructure        | 150           | 25%            |
|                                   | Social & Cultural Barriers    | 150           | 25%            |
|                                   | Health & Psychological Issues | 100           | 16.7%          |
| <b>7 Support Systems</b>          |                               |               |                |
|                                   | Family Support                | 250           | 41.7%          |
|                                   | Peer Support                  | 150           | 25%            |
|                                   | Community Programs            | 100           | 16.7%          |
|                                   | NGO/External Aid              | 100           | 16.7%          |

The key demographic features for all 600 participants, such as gender, age, level of education, employment status, motivations, barriers to education, and support systems is shown in the table below. A noticeable number of participants are males (53.3%). A large proportion of them remain illiterate (41.7%), and a significant number have no access to education due to financial difficulties (33.3%).

**Table 2: Sample Distribution by Region and Cities (N = 600)**

| Region                            | City             | Sample Size (N) | Percentage (%) |
|-----------------------------------|------------------|-----------------|----------------|
| <b>Balochistan</b> (200 Refugees) | Jaffarabad       | 66              | 11.0%          |
|                                   | Lasbela          | 66              | 11.0%          |
|                                   | Killah Saifullah | 67              | 11.2%          |

|                              |                |    |       |
|------------------------------|----------------|----|-------|
| <b>Sindh</b> (200 Refugees)  | Khairpur       | 66 | 11.0% |
|                              | Mirpurkhas     | 66 | 11.0% |
|                              | Badin          | 67 | 11.2% |
| <b>Punjab</b> (200 Refugees) | Jhelum         | 66 | 11.0% |
|                              | Muzaffargarh   | 66 | 11.0% |
|                              | Rahim Yar Khan | 67 | 11.2% |

The sample of the respondents was evenly divided among the three regions: Balochistan, Sindh and Punjab, each of them having 200 refugees. In each region, sample was further subdivided among three cities for better representation of each region. This ensures that refugees from various regions and cultures have their voices heard when it comes to the problems they face.

**Table 3:** *Nodes for Each Interviewee (N = 600)*

| Serial Number | Interviewee                                                   | Nodes                                                                     |
|---------------|---------------------------------------------------------------|---------------------------------------------------------------------------|
| 1             | P1, 122, P387-5447                                            | Family supportive of resilience, self-motivation, uses religious coping   |
| 2             | P2, P66-147, P375-471                                         | Financial stress, lack of social support, psychological distress          |
| 3             | P3, P377-455, P551                                            | High self-efficacy, strong community bonds, faith-based coping            |
| 4             | P14, P111-276, P                                              | Severe PTSD symptoms, struggling with anxiety, no family support          |
| 5             | P35, P74, P86, P94, P131-P229-411, P555-P574                  | Adaptive coping strategies, emotional regulation, moderate depression     |
| 6             | P6, P221-328, P478-567, P577, P579, P587, P599, P600          | Social isolation, reliance on spiritual practices, lack of education      |
| 7             | P17, P79-227, P311-387, P497-548, P557, P588-597              | Community-driven resilience, leadership in rebuilding, emotional strength |
| 8             | P18-88, P399-489, P499-571, P88, P591, P94, P96, P598-600     | Children's education as a priority, financial burdens, mild anxiety       |
| 9             | P91-157, P228-397, P411-589, P590, P592, P596-598, P599, P600 | Hopelessness, withdrawal from social support, past trauma                 |
| 10            | P10-18, P27-328, P358-438, P449-573, P587-592                 | Strong cognitive coping, reliance on NGO support, resilience training     |
| 11            | P1-118, P287-472, P488-587, P597-600                          | Fear of future floods, nightmares, anxiety management through avoidance   |
| 12            | P7-489, P511-600                                              | Health concerns, psychosomatic symptoms, adaptive coping mechanisms       |

Interviews record participants' stories and impressions in a narrative context which adds vividness to interview data. All interviewee captures particular nodes which characterize their lived experiences and emotion regulation strategies. Important concepts include family, PTSD, finances, coping, and resilience. Those nodes attempt to capture one of the most pressing issues today-adversity and its mental health repercussions.

**Table 4:** *Merging Nodes into Specific Codes & Interviewee Identity (N = 600)*

| Serial Number | Code Name                          | Code | Merged Nodes                                  | Total Nodes | Interviewee Identity                                 |
|---------------|------------------------------------|------|-----------------------------------------------|-------------|------------------------------------------------------|
| 1             | Family Support for Resilience      | C1   | Family provides emotional & financial support | 3           | P6, P221-328, P478-567, P577, P579, P587, P599, P600 |
| 2             | Limited Family & Community Support | C2   | Isolation, lack of help, social withdrawal    | 3           | P1-118, P287-472, P488-587, P597-600                 |
| 3             | Psychological Distress             | C3   | PTSD, anxiety, depressive symptoms            | 4           | P1-118, P287-472, P488-587, P597-600                 |
| 4             | Religious/Spiritual Coping         | C4   | Faith-based resilience, prayer, trust in fate | 4           | P6, P221-328, P478-567, P577, P579, P587, P599, P600 |
| 5             | Cognitive Coping Strategies        | C5   | Adaptive thinking, problem-solving skills     | 4           | P6, P221-328, P478-567, P577, P579, P587, P599, P600 |
| 6             | Financial Constraints              | C6   | Struggle with rebuilding homes, lack of aid   | 4           | P1-118, P287-472, P488-587, P597-600                 |
| 7             | Education as a Resilience Factor   | C7   | Importance of learning for future security    | 3           | P6, P221-328, P478-567, P577, P579, P587, P599, P600 |

This data was collected from interviews with individuals suffering from after effects of post-traumatic stress disorder as a result of a natural disaster. Primary and secondary coding has taken place with the use of thematic analysis in which the nodes were created to capture the required essence and context of each interview. For example, the themes “family support” or “psychological distress” are adult survivors focusing on different aspects. After these themes were assigned codes, they were merged to reveal the holistic aspect of those interview. It commits towards the social economy and the psychological aspects to formulate coping strategies with the trauma from natural disaster.

**Table 5:** *Codes, Nodes, Hierarchy of Word Frequency, Themes & Sub-Themes (N = 600)*

| Code Name        | Code | Node      | Hierarchy of Word Frequency | Theme                  | Sub-Theme                                                                     |
|------------------|------|-----------|-----------------------------|------------------------|-------------------------------------------------------------------------------|
| Family Support   | C1   | 6 (2.07%) | Coping Mechanisms           | Emotional Strength     | Family provides emotional and financial support, fostering resilience.        |
| Lack of Support  | C2   | 6 (2.07%) | Psychological Distress      | Social Isolation       | Limited social support leads to stress, loneliness, and psychological strain. |
| PTSD & Anxiety   | C3   | 4 (1.63%) | Mental Health Impact        | Psychological Distress | PTSD symptoms post-disaster contribute to emotional instability and fear.     |
| Religious Coping | C4   | 8 (2.37%) | Coping Mechanisms           | Spiritual Practices    | Faith and religious beliefs provide psychological comfort during              |

|                        |    |              |                          |                      |                                                                                                 |
|------------------------|----|--------------|--------------------------|----------------------|-------------------------------------------------------------------------------------------------|
| Cognitive Coping       | C5 | 7<br>(1.35%) | Adaptive Strategies      | Problem-Solving      | hardship.<br>Rational thinking and emotional regulation improve resilience and decision-making. |
| Financial Stress       | C6 | 4<br>(1.06%) | Barriers to Recovery     | Economic Hardship    | Financial insecurity negatively affects coping, mental health, and rebuilding efforts.          |
| Education & Resilience | C7 | 7<br>(1.81%) | Future Coping Strategies | Personal Development | Education fosters resilience by providing better future security and opportunities.             |

All of these themes shed light on coping mechanisms as well as the barriers that stand in the way towards recovery post a natural disaster. Financial difficulties and emotional strength or spiritual practices are sub themes or merge nodes that express a boundless area of concern for an individual managing in such harsh conditions.

**Table 6:** *Analytical Themes, Sub-Themes & Descriptive Themes (N = 600)*

| Analytical Theme       | Analytical Sub-Theme    | Descriptive Theme                              |
|------------------------|-------------------------|------------------------------------------------|
| Coping Mechanisms      | Emotional Regulation    | Family support, cognitive flexibility          |
|                        | Spiritual Coping        | Religious reliance, belief in fate             |
|                        | Community Resilience    | Social interactions, external aid              |
| Psychological Distress | PTSD & Anxiety          | Trauma from flood experiences                  |
|                        | Depression Symptoms     | Hopelessness, sadness, withdrawal              |
| Barriers to Recovery   | Economic Hardship       | Financial limitations in rebuilding life       |
|                        | Social Constraints      | Stigma around mental health, cultural barriers |
| Future Preparedness    | Education & Resilience  | Education as a tool for long-term stability    |
|                        | Mental Health Awareness | Importance of psychological interventions      |

As a result of the analysis the sub themes combine together to create broader categories or analytical measures. From a lower level like emotional strength to aid coping mechanisms or severe financial distress acting as a barrier towards recovery. Mental health, economic stability and education play a major role in determining how resilient a person can be in dire conditions.

## Discussion

This paper focuses on the impact demographic characteristics have on participation, coping, as well as psychological resilience among refugees. The results show that a majority of participants are men (53.3 %) and have no education (41.7%). The gap in education among displaced people is primarily driven by cultural and socio-economic factors (Ahmad & Afzal, 2024). Additionally, financial barriers (33.33 %) were the most mentioned barriers to education, supporting previous research where economic difficulties were considered to be the primary reason for educational underachievement of refugee children (Shah et al., 2024).

The sample is drawn from Balochistan, Sindh, and Punjab so it accounts for a novel angle to the refugee phenomenon. Importantly, differences in access to education and employment opportunities across regions could suggest different levels of infrastructure, government, or social integration (Siddique Akbar et al., 2024). This level of displaced persons who are unemployed (30%) is high, and further demonstrates the argument that these persons suffer economic marginalization, with increasing psychological distress and limiting the possibility of achieving

economic self-sufficiency (Sehra, 2021). Together, these findings suggest that there is need for increased educational and employment focused policies for refugees.

Participants in the study reported experiencing symptoms of PTSD, anxiety, and depression. This aligns with psychological distress, which stands out as a major theme in the interviews collected. The presence of PTSD symptoms is in line with limited social support (Table 3) and a plethora of research on forced migration displacement and trauma Nadeem et al 2023. Moreover, the participants who appeared to be resilient relied on cognitive religious coping, for example, faith-based resilience and problem-solving which Bhutto et. al 2024 document as mitigating the negative mental health impacts of displacement. This affirms the need to incorporate cultural appropriate coping mechanisms in the mental health interventions.

Sub-category families, nodes families goals and needs underscore the need to understand coping as complex. Lack of support from family had a negative impact on emotional regulation abilities and problem solving skills among participants. This is why those whose families were more supportive tended to be more emotionally resilient than others (Table 4). On the other hand, those who did not have adequate social support showed increased feelings of loneliness, tension, and stress along with psychological distress, which is consistent with social science research that indicates withdrawal from social contact leads to poorer mental states Nickerson 2019. The results indicate the potential for region specific community based approaches to be employed as moderators of psychological distress among refugees.

As concerning as these issues were, economic hardship impact participant's ability to rebuild their lives. The inability to escape this "chronic stress" is interlinked with the limited access to healthcare and education, which could ultimately alleviate it (Sadia et al., 2024). Furthermore, the focus placed on education as a resilience measure (Table 5) corresponds to evidence that suggests education positively impacts stability, self-efficacy, and the long-term economic potential of displaced individuals (Riaz et al., 2023). Together, these insights highlight the importance of refugee specific policies that deal with the complex interplay of socioeconomic and education.

This study, in all, has unearthed new understanding surrounding the interplay between different demographic categories, self-reported psychological wellness, and the coping strategies employed by refugees. The insights gained stress the fact that more aid is needed from all sectors, especially monetary, educational, and mental healthcare, in order to effectively improve the quality of life. It is essential that longitudinal shifts in this demographic be studied in the future to evaluate the sustainability of the attention-focused approach (Jadoon et al., 2023).

## **Future Direction**

To fully comprehend the far-reaching psychological, social and economic impacts a refugee's life as an adult encompasses, in connection to their education and mental health, future research should focus on a longitudinal study. Moreover, the inclusion of mixed methodologies such as qualitative interviews and psychometric tests will enrich the understanding of coping strategies and resilience within a displaced population. Culturally adapted mental health interventions, alongside policy-based aid to improve the refugee's quality of life, will require more attention in future research, especially in terms of specific regional barriers and opportunities for integration.

## **Limitations**

This work also has several caveats. Causality cannot be implied because of the cross-sectional design which only measures participants at a set period of time. Moreover, the accuracy of self-reported data can be compromised due to social and emotional influences effecting memory recall. Although the sample was diverse in geography, the socio-economic status of the subjects may have restricted the representativeness of the larger refugee population, as the subjects have varying displacement histories/experiences. In addition, pre-existing cultural and linguistic differences may have affected the responses of participants, which is why the need for multilingual and culturally sensitive research tools should be prioritized in future studies.

## **Conclusion**

This analysis illustrates the multifaceted nature of relationships between the demographics, psychological aspects, and coping mechanisms of refugees while also revealing how social support, education, and finances promote their well-being. The results of this study also demonstrate that there is an unmet need for refugee mental health care, socio-economic assistance, and education for holistic health and recovery. Refugees face immense hardship, but by implementing more thoughtful and inclusive policies, as well as overcoming these obstacles with culturally minded aid, stakeholders can better integrate and stabilize these vulnerable populations to provide for their better quality of life and prospects.

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